

**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/15/01</u>		2 Serial/Patent # <u>09/241,994</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	9	4/12/01	\$ 620.00							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 620.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>6</td><td>--</td><td>2</td><td>2</td><td>3</td><td>0</td> </tr> </table>			1	6	--	2	2	3	0
1	6	--	2	2	3	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
TREATED AS 37 CFR. 1.181. NO FEE REQ'D											
ABANDONMENT WITHDRAWN											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>CHARLES A GRANT</u>		TITLE: <u>ATTORNEY</u>									
SIGNATURE: <u>Charles Grant</u>		PHONE: <u>306-0251</u>									
OFFICE: <u>Detroit</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Liana Chase</u>		DATE: <u>5/17/01</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: